



STATE OF MARYLAND

DHMH

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August 12, 2011

Public Health & Emergency Preparedness Bulletin: # 2011:31 **Reporting for the week ending 08/6/11 (MMWR Week #31)**

CURRENT HOMELAND SECURITY THREAT LEVELS

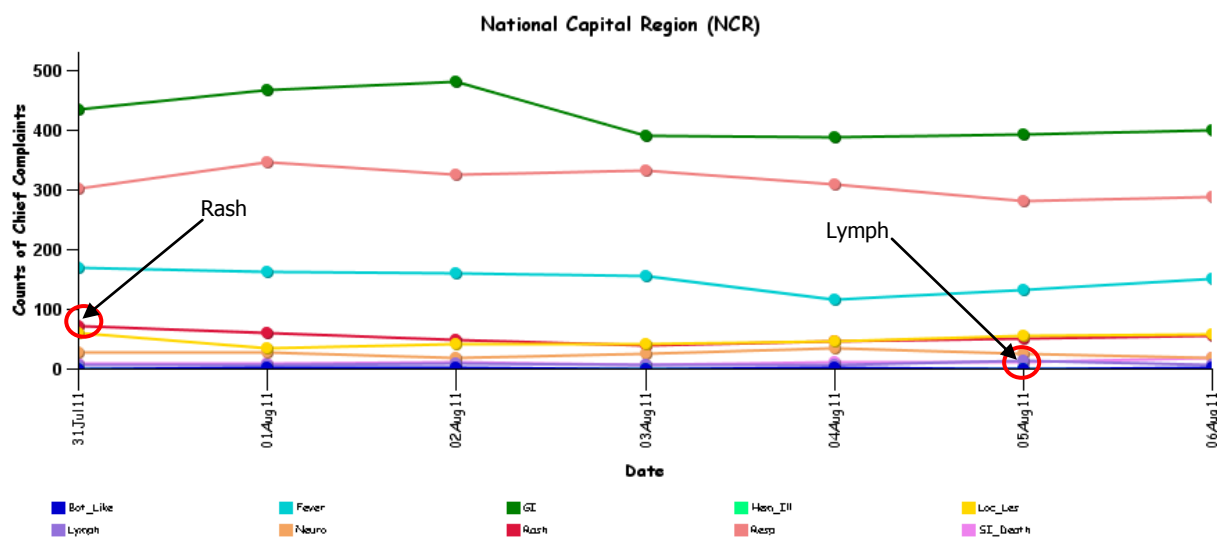
National: No Active Alerts
Maryland: Level One (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

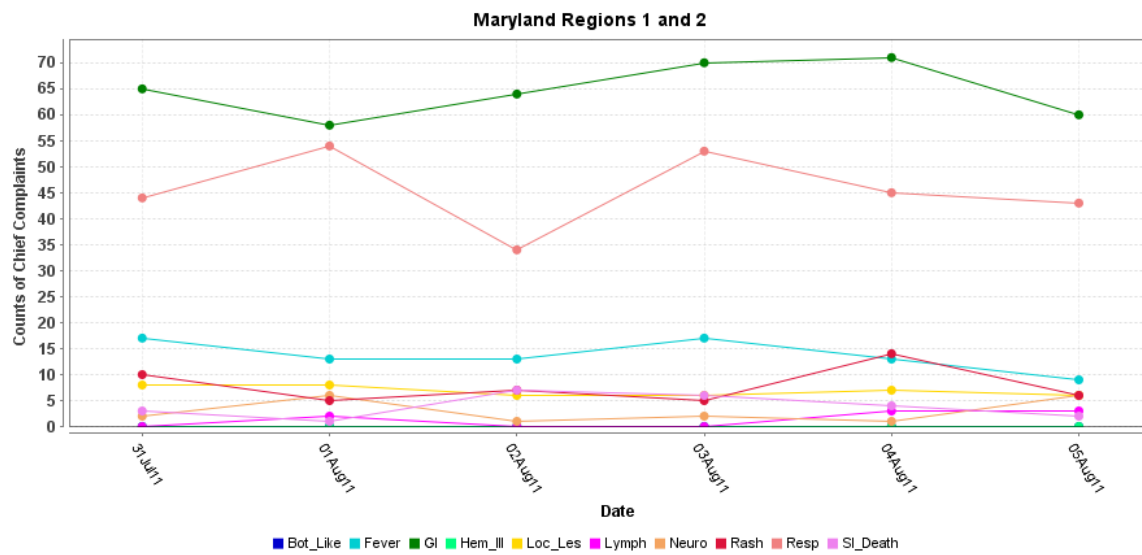
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

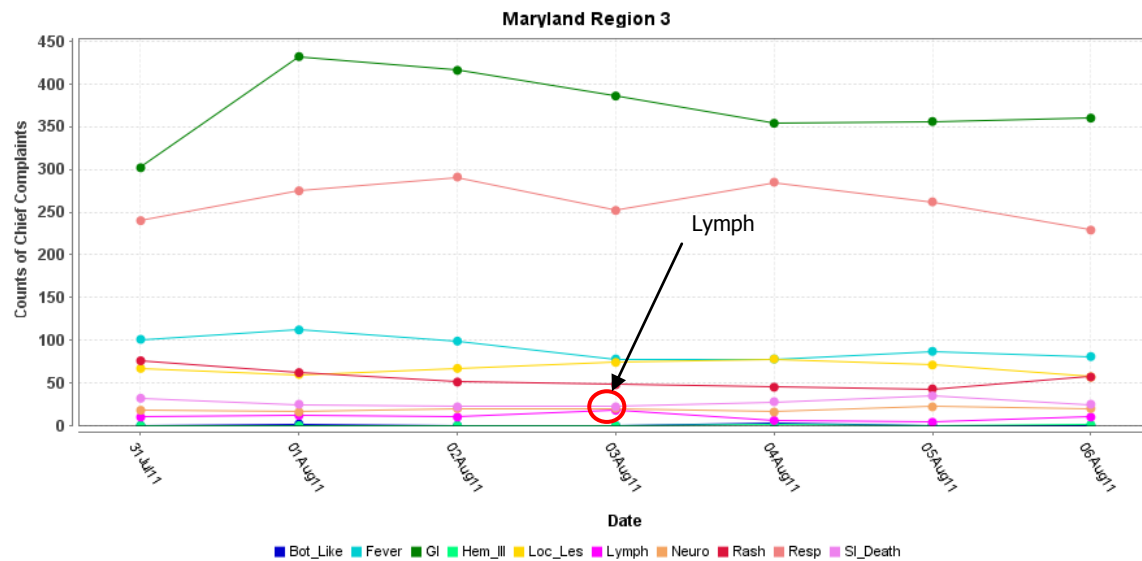


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

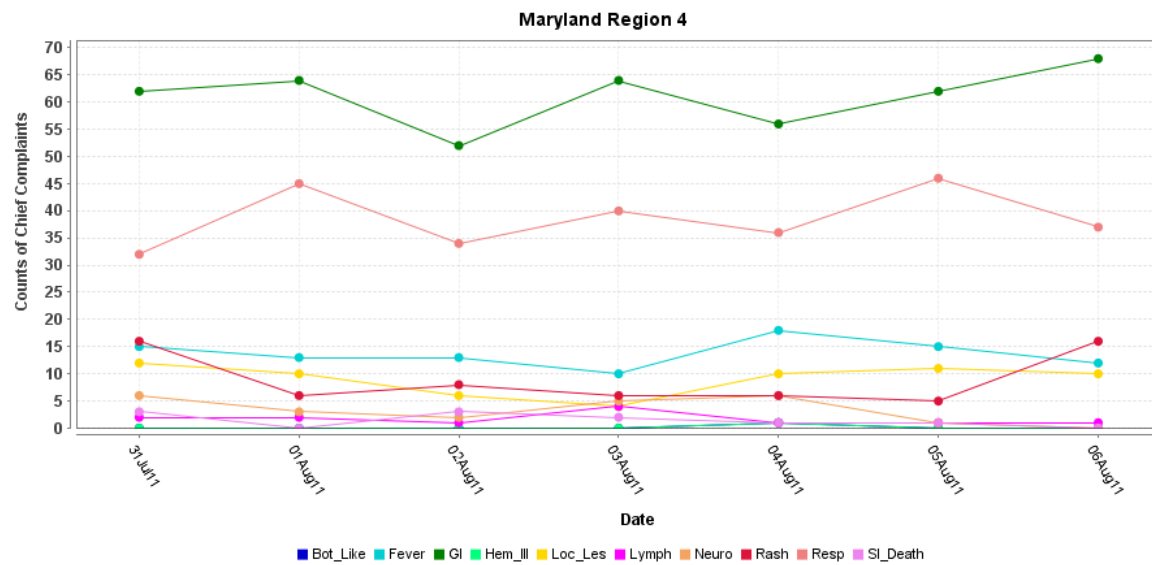
MARYLAND ESSENCE:



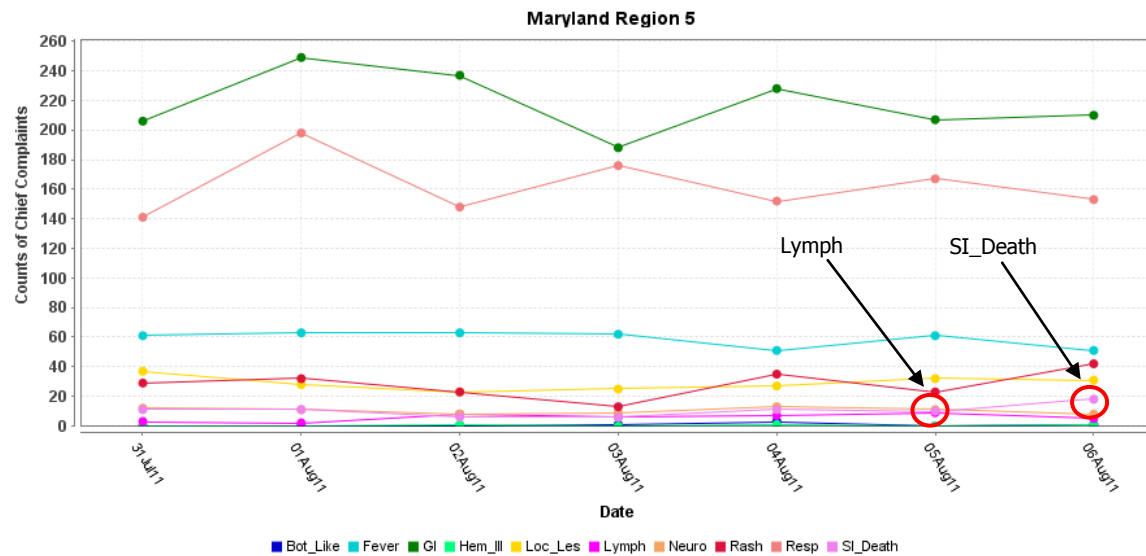
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE

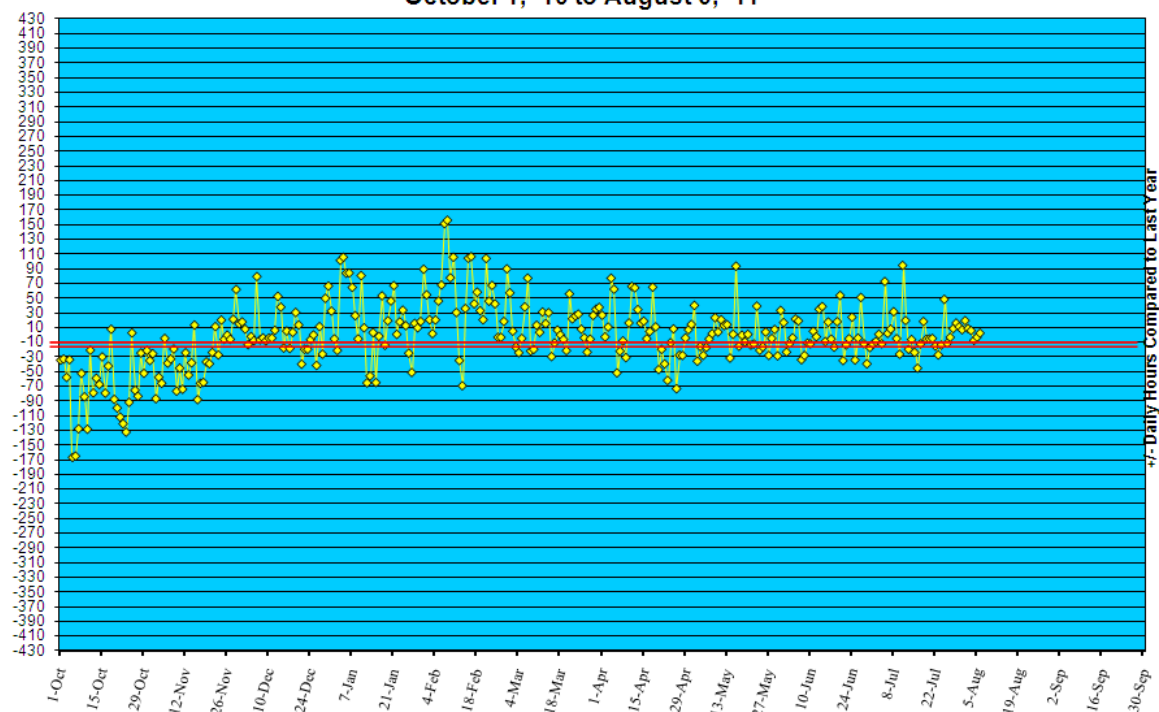


* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/10.

Statewide Yellow Alert Comparison Daily Historical Deviations October 1, '10 to August 6, '11



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in June 2011 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases (July 31 – August 6, 2011):	23	0
Prior week (July 24 – July 30, 2011):	7	0
Week#31, 2010 (August 1 – August 7, 2010):	9	0

2 outbreaks were reported to DHMH during MMWR week 31 (July 31 – August 6, 2011).

1 Gastroenteritis outbreak

1 outbreak of GASTROENTERITIS in an Assisted Living Facility

1 Foodborne outbreak

1 outbreak of GASTROENTERITIS/FOODBORNE associated with a Private Home

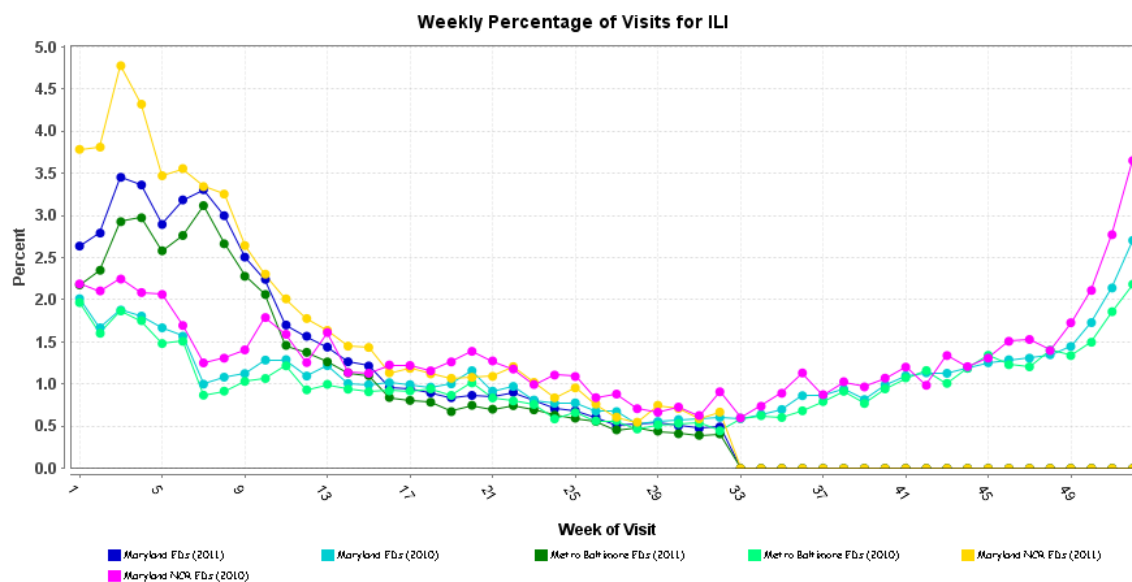
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May.

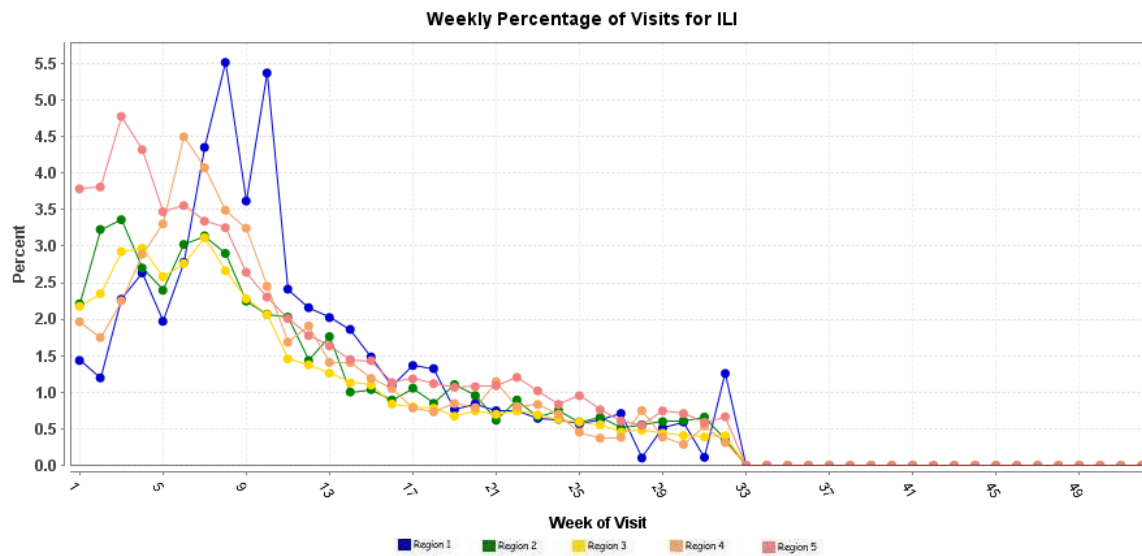
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



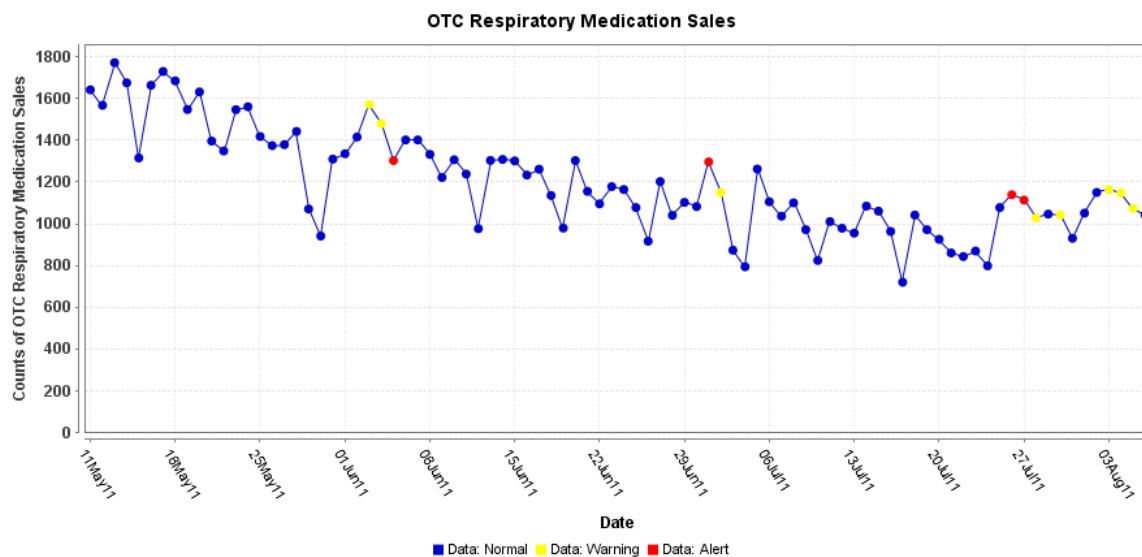
* Includes 2010 and 2011 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



*Includes 2011 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

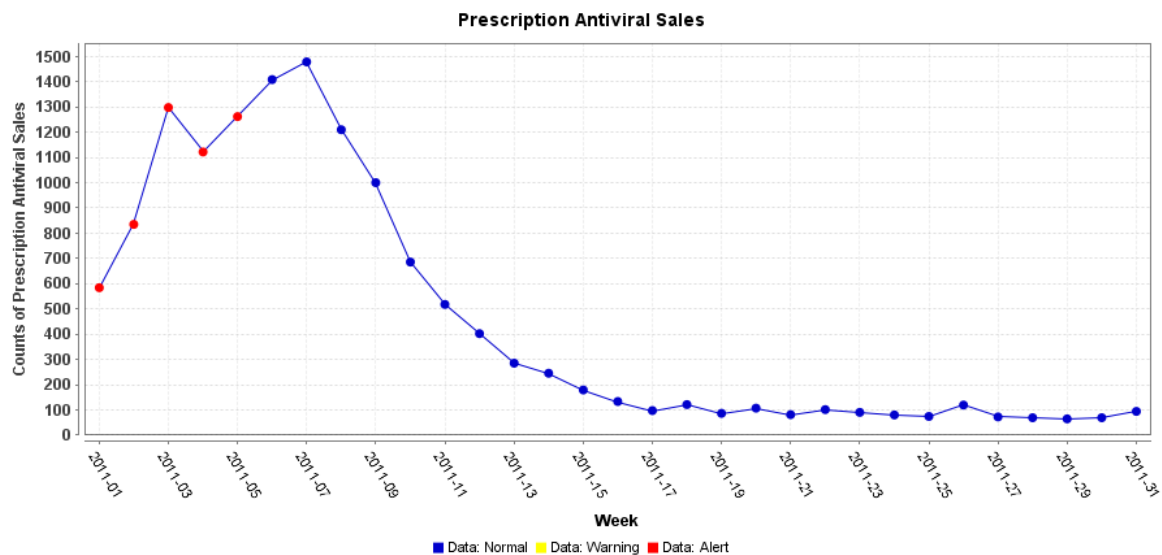
OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PRESCRIPTION ANTIVIRAL SALES:

Graph shows the weekly number of prescription antiviral sales in Maryland.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is 3. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

As of August 2, 2011, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 563, of which 330 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 59%.

AVIAN INFLUENZA, HUMAN (CAMBODIA): 2 August 2011, The World Health Organization (WHO) today [2 Aug 2011] confirmed previous media reports of a fatal case of H5N1 avian influenza in a 4-year-old girl in Cambodia. The girl was from Chork Reaksmei village in Banteay Meanchey province, the WHO said, citing the Cambodian health ministry. She got sick on 11 Jul 2011, was initially treated by local private practitioners, was hospitalized on 18 Jul 2011, and died 2 days later, the agency said. Poultry deaths have been reported in the girl's village, and she was said to have been exposed to dead poultry, the statement said. 13 contacts of the girl were tested for H5N1, all with negative results, and enhanced surveillance at local medical facilities has yielded no evidence of increases in flu-like illness or severe respiratory infections.

NATIONAL DISEASE REPORTS

SALMONELLOSIS, SEROTYPE HEIDELBERG (USA): 4 August 2011, CDC is collaborating with public health officials in many states and the Department of Agriculture's Food Safety and Inspection Service (USDA-FSIS) to investigate a multistate outbreak of *Salmonella Heidelberg* infections that is likely caused by eating ground turkey. Public health investigators are using DNA "fingerprints" of *Salmonella* bacteria obtained through diagnostic testing with pulsed-field gel electrophoresis, or PFGE, to identify cases of illness that may be part of this outbreak. They are using data from PulseNet, the national subtyping network made up of state and local public health laboratories and federal food regulatory laboratories that performs molecular surveillance of foodborne infections. The outbreak strain of *S. Heidelberg* is resistant to several commonly prescribed antibiotics; this antibiotic resistance can increase the risk of hospitalization or possible treatment failure in infected individuals. A total of 78 persons infected with the outbreak strain have been reported from 26 states between 1 Mar and 3 Aug 2011. Among persons for whom information is available, illnesses began on or after 9 Mar 2011. Ill persons range in age from less than 1 year to 88 years old, with a median age

of 23 years old. 52 percent are male. Among the 60 ill persons with available information, 22 (37 percent) have been hospitalized. One death has been reported. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

YERSINIOSIS, PASTEURIZED MILK (PA): 3 August 2011, The Pennsylvania departments of Health and Agriculture and the Allegheny County Health Department are advising the public of the possible health risks associated with products, specifically glass-bottled milk, from Brunton Dairy in Aliquippa, Beaver County. Since 15 Jun 2011, 5 individuals, 3 young children and 2 older adults, developed diarrhea and other symptoms caused by bacteria called *Yersinia enterocolitica*. All 5 people drank and became ill from pasteurized milk in glass bottles from the same local dairy. "Until we can complete our investigation, we are recommending, in the interest of public health, that any glass-bottled milk from the dairy at homes or businesses be discarded or returned to the dairy, and that residents take precaution with other dairy products from Brunton Dairy," said Secretary of Health Dr. Eli Avila. The shelf life of the pasteurized milk is at least 15 days and much longer for ice cream. This warning does not extend to other types of food purchased from or distributed by the farm, including cheese, which is made elsewhere. The departments are working together to investigate gastrointestinal infections in Beaver and Allegheny counties. Illness onsets range from 15 Jun 2011 through 17 Jul 2011. Other persons in the same households also experienced a similar illness, but the cause of their illness was not confirmed. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS

CRIMEAN-CONGO HEMORRHAGIC FEVER (RUSSIA): 5 August 2011, The regional service of Rospotrebnadzor [Federal Service for Consumer Protection and Human Welfare] has reported 19 cases of Crimean-Congo hemorrhagic fever (CCHF) in the region [Stavropol territory]. 8 of them contracted the infection in the course of their employment in animal husbandry, and the other 11 contracted infection during recreation in the countryside. Tick-bites were responsible for medical consultation in 8575 cases, 2548 of whom were children. Employees of the public health advisory service have been issued with protective clothing when spraying tick repellent. The general population is being advised to seek medical treatment immediately if symptoms of fever, muscle aches, and headache are experienced. (Viral Hemorrhagic Fevers are listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

JAPANESE ENCEPHALITIS AND OTHER (INDIA): 3 August 2011, Japanese encephalitis, a viral disease, continues to affect locals in Uttar Pradesh's Gorakhpur District. More than 700 patients have been admitted to the city's Baba Raghav Das Medical College [Hospital] since January [2011]. The disease has claimed 107 lives, including children, and left many affected. According to media reports, more than 7000 people have died of encephalitis in the last 32 years at the Gorakhpur Medical College Hospital. "Around 40 to 50 patients get admitted (in medical college) daily, and out of which 4 - 5 children lose their lives every day," said Balwant Kumar, a family member of another patient. Meanwhile, the state health department has reportedly taken preventive measures such as immunization drives, fogging and spraying of mosquito-repellents in affected areas. Encephalitis is caused by [virus transmitted by] mosquitoes that breed in stagnant water. Its symptoms include headache, fever, confusion, drowsiness, and fatigue and the inflammation of the brain. (Viral Encephalitis is listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

CHIKUNGUNYA (INDIA): 2 August 2011, Among 32 blood samples of viral fever patients taken in and around Jamshedpur and sent separately to 3 of the most reputable research centers in India dealing with specialized diseases, 8 chikungunya cases have been detected. A report from the School of Tropical Medicine, Calcutta, which arrived this evening [2 Aug 2011], showed that out of 10 blood samples sent by the district health department, 3 were confirmed chikungunya cases. A report from National Communicable Disease Centre, New Delhi, which came last evening [1 Aug 2011], but whose contents were divulged today, said of the 10 samples, 3 had tested positive for chikungunya virus. The Telegraph carried a report today on Tata Main Hospital's (TMH) initiative, which had sent 12 samples to National Institute of Virology, Pune. Of these, 2 were confirmed cases of chikungunya. Meanwhile, the health department sent state assistant malaria officer KK Lal and state entomologist Sagya Singh to MGM hospital and TMH. They held talks with civil surgeon Vibha Sharan. "The only silver lining is that the number of viral fever cases is down by 10-12 percent," said Lal. The Union health ministry will send a 4-member fact-finding team from the Pune institute -- research scientist Yogesh Kumar Gaurav, technical assistants Gopal Krishnan and P More and attendant NR Khond -- to visit TMH and MGM hospital tomorrow [3 Aug 2011]. The district health department has been asked to keep ready a list of viral fever patients. (Viral Hemorrhagic Fevers are listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

ANTHRAX (INDIA): 1 August 2011, After a lull of 3 years, the outbreak of anthrax disease in 4 mandals [sub districts] in Chittoor district is panicking people and driving the officials into [a] tizzy. The disease first came to light [25 Jul 2011], when a 58 year old resident of Musalimadugu village in Palamaner mandal was detected positive at Palamaner hospital. Later the doctors at the hospital also confirmed 8 cases of anthrax from the same village. According to the information, 4 of them were shifted to Tirupati SVRR hospital while the other 4 were referred to CMC hospital, Vellore [in Tamil Nadu]. Meanwhile, medical and health officials confirmed 3 more cases in Yadireddypalle Gollapalli village in Yadamarri mandal. They developed the disease after they ate the meat of a dead wild boar. Similarly, 4 cases of anthrax from Vasanthapuram village in Gudipala mandal tested positive and doctors said they ate beef in recent days. According to sources, 5 people fell ill after they ate goat meat during a Jathara in Kurmaipalle in Bagarupalem mandal [a] few months back. They were first admitted in KGF hospital and later, shifted to a private hospital in Bengaluru. They were suspected to be affected by anthrax. (Anthrax is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.dhmf.maryland.gov/>

Maryland's Resident Influenza Tracking System: <http://dhmf.maryland.gov/flusurvey>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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